03-03-03

AMENDMENT TRANSMITTAL LETTER

DOCKET NUMBER: P-IX 2405

SERIAL NO: 08/790,540 FILING DATE: January 30, 1997 **EXAMINER:** P. Gambel GROUP ART UNIT: 1644

INVENTION:

& TRADRIAN

ANTI- $\alpha_v \beta_3$ RECOMBINANT HUMAN ANTIBODIES, NUCLEIC

ACIDS ENCODING SAME AND METHODS OF USE

TO COMMISSIONER FOR PATENTS

CERTIFICATE OF MAILING BY "EXPRESS MAIL" "EXPRESS MAIL" MAILING LABEL NUMBER: EV 238951916 US DATE OF DEPOSIT: February 28, 2003 I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO: ATTN: BOX RCE, COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231.

Mary Begalla
(TYPED OR PRINTED NAME) OF PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed February 4, 2002, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- X Petition for Five-Month Extension of Time is enclosed (in duplicate).
- X Request for Continued Examination (RCE) in duplicate
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- X An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER		HIGHEST NUMBER		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
	AMEND- MENT		PREVIOUSLY PAID FOR				SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	39	_	32	-	7	x	\$9	\$18	=	\$	\$126.00
INDEPEN- DENT CLAIMS	15	-	12	-	3	×	\$42	\$84	=	\$	\$252.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES	_	XX NO		\$140	\$280	=	\$	\$0.00
						TOTAL ADDITION	NAL FEE		\$	\$378.00	

If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in

this space.

If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: William D. Huse
Serial No.: 08/790,540
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- Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.
- X A check in the amount of \$3,098.00 is enclosed, \$1,970.00 of which covers the fee for a five-month extension of time, \$750.00 covers the fee for filing a RCE and \$378.00 covers the additional claims fee.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Deborah L. Cadena

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